CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

CAMPAIG	A THANCE REPORT		COVER SHEET PG T
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR FIRST	MI	OFFICE USE ONLY
NAME	GEORGE NICKNAME LAST HINDMAN		Date Received RE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2100 GREENWOOD AUSTIN, TX 787		Date Hand-delivered or Postmarked WED Receipt # Amount
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 476-4628	EXTENSION	Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST DR. DELIA NICKNAME LAST BROWNSON	MI M SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #: 2100 GREENWOOD AUSTIN, TX 7	city; state; AVE 8723	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 476 - 4628	EXTENSION	
9 REPORT TYPE	January 15 30th day before election July 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Altach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 10 / 25 /	Year / 2014
11 ELECTION	Month Day Year ELECTION TYPE Primary Prim	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (ITKNOWN	COUNCIL, DISTRICT 1
	GOTOPAC	GE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	GE	ORGE HINDMAN 15 AC	CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$		\$ Ø
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 234.94		\$ 234.94
	4. TOTAL	POLITICAL EXPENDITURES CINCLUDES LINE 3)	\$ 8,750.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 507.70		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
Nota	ENA ESTRADA SALI ry Public. State of y Commission Expi November 19, 20	es Longo Nu	mation required to be reported by
Sworn to and subs			Υ this the and and seal of office.
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath			

POLITICAL CONTRIBUTIONS

P.O. Box 12070

OTHER THAN PLEDGES OR LOANS				
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAME	GEORGE HINDMAN		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/9/2014	6 Contributor address; City; State; Zip Code 2100 GREENWOOD AVE		5,000.00	
	AUSTIN, TX 78723		(If travel outside	l of Texas, complete Schedule T)
9 Principal occupation / Job title (See Instructions) ENGINEER 10 Employer (See Instructions) SELF- EMPLOYED				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside o	l of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See I				
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
			(If travel outside	of Tayon, complete Schedule T)
Principal occupation / Job title (See Instructions) [If travel outside of Texas, complete Schedule Temployer (See Instructions) [If travel outside of Texas, complete Schedule Temployer (See Instructions)			or rexas, compare scribballe 1)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
m	<u> </u>			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0	ontract Labor Loan Repayment/Reimbursement	
Accounting/Banking	Legal Services Solicitation/Fundr	aising Expense Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dis		
Fees	Printing Expense Office Overhead/	Rental Expense OTHER (enter a category not listed above)	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
1/2	GEORGE HINDMA	141	
114		170	
4 Date 9 29 2014	5 Payee name USP5		
4/24/2014	0212		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
1 0 - 11 03	8225 CROSS PAR	K DB	
1,884.02		· · · · ·	
	AUSTIN, TX 7	8 7 10	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF			
EXPENDITURE	ADVERTISING EXPENSE	POSTAGE	
A C1-1- Chilly is it	Candidate / Officeholder name	Office sought	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		Office sought Office held	
expenditure to benefit C/C	n :		
Date / I	Payee name		
10/1/2014	VOTER TROVE		
10[.]-	401-17 18002		
Amount (\$)	Payee address; City; State; Zip Code		
17712	701 BRAZOS ST	STF 1611	
173.12	l .		
	AUSTIN, TX 7	6401	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF			
EXPENDITURE	Consulting Expense	MESSAGING	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O		Office sought Office field	
	· •		
Date	Payee name		
10/7/2014	VOTER TROVE		
Amount (\$)	Payee address; City; State; Zip Code		
193,92	701 BRAZOS S	ST STE 1611	
[45,70			
	AUSTIN, TX	POPUL	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	Concumil C. Thouse	ALCCCA CINC	
EXPENDITURE	CONSULTING EXPENSE	Messaging	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/O		· · · · · · · · · · · · · · · · · · ·	
Date	Payee name		
10/14/2014	VOTER TROVE	,	
<u> </u>			
Amount (\$)	Payee address; City; State; Zip Code		
250.00	701 BRAZOS	5T STE 1611	
650.5	Augrill TV	ST STE 1611 78701	
	705116, 17	70101	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF			
EXPENDITURE	CONSULTING EXPENSE	DATA MANAGEMENT	
Complete CNII V is direct	Candidate / Officeholder name	Office sought Office held	
Complete <u>QNLY</u> if direct expenditure to benefit C/6		Onice reid	
onpondition to beliefft O/C	U. 1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

POLITICAL EXPENDITURES

SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Ci		
Accounting/Banking	Legal Services Solicitation/Fundra		
Consulting Expense	Food/Beverage Expense Travel In District	The state of the s	
Event Expense	Polling Expense Travel Out Of Dis	Contributions/Donations Made By trict Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead/F		
1		,	
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)	
27	GEORGE HINDMA	AJ .	
4.5.4			
4 Date 10 (15 2014			
6 Amount (\$)			
1	288 20 Fayee address; City; State; Zip Code 788 20 Fol BRA 205 ST STE 1611		
288.20	101 DKA 203 3	1 312 1011	
200.	AUSTIN, TX 7	470\	
<u> </u>	· · · · · · · · · · · · · · · · · · ·	0 10 .	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if travel outside of Texas, complete Schedule T)	
OF	CONSULTING EXPENSE	MESSAGING	
EXPENDITURE	CONSULTING EXPENSE	7 1200/10100	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
10 15 2014	THOMAS GRAPH	1)cs	
101101011	1110/1/10 01/11	11 &	
Amount (\$)	Payee address; City; State; Zip Code		
-011 30	9501 N. IH35		
2,734.70	9501 N. IH35	,	
U (1 - 11	AVSTIN, TX -	7875 3	

PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	PRINTING EXPENSE	CAMPAIGN LITERATURE	
EXPENDITURE	INIMITING CATENOE	CM	
Complete <u>QNLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
Date 16 (20 2014	Payee name USP5		
	V-10		
Amount (\$)	Payee address; City; State; Zip Code		
070613	8225 CROSS	PARK DR	
2,706.13			
i '	AUSTIN, TX	78710	
	7	**************************************	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	ADVERTISING EXPENSE	POSTAGE	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held	
Date 18/21/2014	Payee name VOTER TROV	T	
10/01/019	VUICE I ROU	F	
Amount (\$)	Payee address; City; State; Zip Code		
l ''		ar are 1/11	
285.08	701 BRAZOS		
-0	AUSTIN, TX	(78701	
	7,0010-1	10.101	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF	CONSOLTWG- EXPENSE	MESSAGING	
EXPENDITURE	CONSOCI MO ENTENSE	1122115100	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought Office held	
]	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS NEEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			